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*Attorneys for Plaintiff*

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA**

DOROTHEY HEIMBACH,  
individually and as successor in  
interest to Anthony Silva,

Plaintiff,

vs.

STANISLAUS COUNTY; and DOES  
1–10, in their individual capacities,

Defendants.

Case No.: 2:23-cv-01887-DJC–KJN

**DECLARATION OF DOROTHEY  
HEIMBACH AS SUCCESSOR IN  
INTEREST TO ANTHONY SILVA  
(C.C.P. § 377.32)**

**[Cal. Code Civ. Proc. §377]**

**DECLARATION OF DOROTHEY HEIMBACH PURSUANT TO CAL.  
CODE OF CIVIL PROCEDURE SECTION 377.32**

I, DOROTHY HEIMBACH, declare as follows:

1. My name is Dorothea Heimbach, I am a competent adult over the  
age of eighteen and a plaintiff in this action.

2. I have personal knowledge of the facts contained in this declaration,  
and if called as a witness I could and would testify competently to the truth of the  
facts stated herein.

1 3. I am the mother of decedent, Anthony Silva, who died on September  
2 10, 2023.

3 4. No proceeding is now pending in California for administration of the  
4 decedent's estate. Further, no proceeding for admission of decedent's estate is  
5 pending in any other state court at this time.

6 5. I am decedent's successor in interest as defined in Section 377.11 of  
7 the California Code of Civil Procedure and succeed to the decedent's interest in the  
8 action or proceeding as the mother of decedent.

9 6. No other persons have a superior right to commence this action or  
10 proceeding, or to be substituted for Decedent in this pending action or proceeding.

11 7. A certified copy of decedent's death certificate is attached hereto as  
12 "Exhibit A".

13 I, Dorothy Heimbach, declare under penalty of perjury under the laws of  
14 the State of California that the foregoing is true and correct.

15 Executed on Nov 14, 23 in Modesto, Ca.

16 Dorothy Heimbach  
17 Dorothy Heimbach

Exhibit A



HEALTH SERVICES AGENCY  
**STANISLAUS COUNTY**  
PUBLIC HEALTH DIVISION

3052023201780

## CERTIFICATE OF DEATH

3202350003788

| STATE FILE NUMBER   |  | LOCAL REGISTRATION NUMBER   |  |
|---|--|---|--|
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>ANTHONY</b>   |  | 3. LAST (Family)<br><b>SILVA</b>  |  |
| 2. MIDDLE<br><b>MICHAEL</b>   |  | 4. DATE OF BIRTH mm/dd/yyyy<br><b>09/14/1982</b>  |  |
| 5. AGE Yrs.<br><b>40</b>  |  | 6. SEX<br><b>M</b>  |  |
| 8. BIRTH STATE/FOREIGN COUNTRY<br><b>NV</b>   |  | 10. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  |
| 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |  | 12. MARITAL STATUS/ROP* (at Time of Death)<br><b>NEVER MARRIED</b>  |  |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back)<br><b>HS GRADUATE</b>  |  | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |
| 15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>KARATE INSTRUCTOR</b>  |  | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>PORTUGUESE, CAUCASIAN</b>   |  |
| 17. USUAL RESIDENCE (Street and number, or location)<br><b>251 E. HACKETT RD.</b>   |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>MARTIAL ARTS</b>   |  |
| 19. YEARS IN OCCUPATION<br><b>11</b>  |  | 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>251 E. HACKETT RD.</b>  |  |
| 21. CITY<br><b>MODESTO</b>  |  | 22. COUNTY/PROVINCE<br><b>STANISLAUS</b>  |  |
| 23. ZIP CODE<br><b>95358</b>  |  | 24. YEARS IN COUNTY<br><b>30</b>  |  |
| 25. STATE/FOREIGN COUNTRY<br><b>CA</b>  |  | 26. INFORMANT'S NAME, RELATIONSHIP<br><b>DOROTHY HEIMBACH, MOTHER</b>   |  |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>3766 NEVADA AVE., RIVERBANK, CA 95367</b>   |  | 28. NAME OF SURVIVING SPOUSE/ROP - FIRST<br><b>-</b>  |  |
| 29. MIDDLE<br><b>-</b>  |  | 30. LAST (BIRTH NAME)<br><b>-</b>   |  |
| 31. NAME OF FATHER/PARENT - FIRST<br><b>MICHAEL</b>   |  | 32. MIDDLE<br><b>-</b>  |  |
| 33. LAST<br><b>KONCHALSKI</b>   |  | 34. BIRTH STATE<br><b>UNK</b>   |  |
| 35. NAME OF MOTHER/PARENT - FIRST<br><b>DOROTHY</b>   |  | 36. MIDDLE<br><b>JEAN</b>   |  |
| 37. LAST (BIRTH NAME)<br><b>SILVA</b>   |  | 38. BIRTH STATE<br><b>CA</b>  |  |
| 39. DISPOSITION DATE mm/dd/yyyy<br><b>09/15/2023</b>  |  | 40. PLACE OF FINAL DISPOSITION RES: DOROTHY HEIMBACH<br><b>3766 NEVADA AVE., RIVERBANK, CA 95367</b>  |  |
| 41. TYPE OF DISPOSITION(S)<br><b>CREMATE/RESIDENCE</b>  |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>  |  |
| 43. LICENSE NUMBER<br><b>-</b>  |  | 44. NAME OF FUNERAL ESTABLISHMENT<br><b>EATON FAMILY FUNERAL SERVICE</b>  |  |
| 45. LICENSE NUMBER<br><b>FD1635</b>   |  | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>THEOGNOSIA PAPASOZOMENOS MD</b>  |  |
| 47. DATE mm/dd/yyyy<br><b>09/15/2023</b>  |  | 101. PLACE OF DEATH<br><b>CENTRAL VALLEY SPECIALTY HOSPITAL</b>   |  |
| 102. IF HOSPITAL, SPECIFY ONE<br><input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other  |  | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other  |  |
| 104. COUNTY<br><b>STANISLAUS</b>  |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>730 17TH ST</b>  |  |
| 106. CITY<br><b>MODESTO</b>   |  | 107. CAUSE OF DEATH<br>Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.<br><b>(A) CARDIOPULMONARY ARREST</b><br><b>(B) SEPTIC SHOCK</b><br><b>(C) OSTEOMYELITIS</b> |  |
| 108. DEATH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 109. BIRTH STATE<br><b>UNK</b>  |  |
| 110. BIRTH STATE<br><b>UNK</b>  |  | 111. BIRTH STATE<br><b>UNK</b>  |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>NONE</b>   |  | 113. DECEDENT PREGNANT IN LAST YEAR<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK   |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since Decedent Last Seen Alive<br><b>07/25/2023 09/10/2023</b>  |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>RAJWINDER BAHIA, MD</b>   |  |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>RAJWINDER SINGH- BAHIA, MD</b>  |  | 117. LICENSE NUMBER<br><b>A106330</b>   |  |
| 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK |  | 119. INJURY DATE mm/dd/yyyy<br><b>09/15/2023</b>  |  |
| 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK  |  | 121. INJURY DATE mm/dd/yyyy<br><b>09/15/2023</b>  |  |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)<br><b>730 17TH ST, MODESTO, CA 95354</b>  |  | 123. HOUR (24 Hours)<br><b>2126</b>   |  |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)<br><b>125. LOCATION OF INJURY (Street and number, or location, and city, and zip)</b>   |  | 126. SIGNATURE OF CORONER / DEPUTY CORONER<br><b>THEOGNOSIA PAPASOZOMENOS MD, MPH</b>   |  |
| 127. DATE mm/dd/yyyy<br><b>09/26/2023</b>   |  | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>LOCAL REGISTRAR OF VITAL STATISTICS</b>   |  |
| STATE REGISTRAR<br><b>A B C D E</b>   |  | FAX AUTH.#<br><b>000940264</b>  |  |
| CENSUS TRACT<br><b>000940264</b>  |  |   |  |

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

09/26/2023

THEOGNOSIA PAPASOZOMENOS, MD, MPH  
LOCAL REGISTRAR OF VITAL STATISTICS

This copy is not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

